

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-600882 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1					
TOTAL DEP.	1	↓	↓	↓	↓	
TOTAL CLAIMS	2	ATTACHED EXHIBITS	EXHIBIT	EXHIBIT	EXHIBIT	

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

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TOTAL IND.		↓	
TOTAL DEP.		↓	
TOTAL CLAIMS		↓	

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